2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000052482 1. Entity Name BUFFALO GRILL, INC.

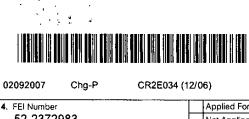
Mailing Address

10525 US HWY 19 N.

PINELLAS PARK, FL 33782



40052906



									BOUK BOIGI BRID I		LERRO EL ERROL		
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02092007	Chg-P	CR2E	034 (12/06)		
City & State				City & State				4. FEI Numbe 52-237			<u> </u>	pplied For	
Zip	Country			Zip Count		ntry		5. Certificate of Status Desired S8.75 Additional Fee Required			litional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
						Name							
JENKINS, ROSE M						CHASTANG, LAWRENCE J.							
34650 US HWY 19 N STE 108						Street Address (P.O. Box Number is Not Acceptable) C/O LARSON ALLEN							
PALM HARBOR, FL 34684													
							1400 WEST FAIRBANKS AVENUE, SUITE 102						
						City WINTER PARK FL Zip Code 32789							
8. The above named entity submits this statement for the purpose objecting its period office or registered agent, or both, in the State of Florida. Familiar with, and													
the obligations of registered agent.													
7/3/07													
SIGNATURE Signature, hyped or printeg riskrie of registered agent applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
DATE													
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be													
After May 1, 2007 Fee will be \$550.00								ed to Fees					
10.	OFFICERS AND					ADD		ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTORS	S IN 11	
THE	PSTD	A		☐ Delete	TΠL						Change	☐ Addition	
NAME		CHRISTIAN			NAM								
STREET ADDRESS	10525 US HWY 19 N.				EET ADDRESS								
CITY-ST-ZIP	PINELLAS PARK, FL 33782				-	r-ST-ZIP							
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME					NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADORESS (-ST-ZIP						:		
			П-:										
TITLE NAME				☐ Delete	TITL						Change	☐ Addition	
STREET ADDRESS					1	EET ADDRESS							
CITY-ST-ZIP						r-ST-ZIP							
TITLE				Delete	TITL						Change	Addition	
NAME				L Delete	NAM						☐ Change	□ Vagurion	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	r-ST-ZIP						;	
TITLE				Delete	TITL	F					☐ Change	Addition	
NAME				□ Delete	NAM						onlinge		
STREET ADDRESS					STR	EET ADDRESS							
CITY-ST-ZIP					CITY	r-St-ZIP							
TITLE				☐ Delete	TITL	.E					☐ Change	Addition	
NAME					NAN	AE .					•	_	
STREET ADDRESS					STR	EET ADDRESS							
CITY-S1-ZIP					CITY	f-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if												nformation or director r Block 11 if	

SIGNATURE:

Principal Place of Business

PINELLAS PARK, FL 33782

10525 US HWY 19 N.

Christian Picart

4/8/07 407-629-1944